

APPLICATION FOR EXTENSION OF HDR CANDIDATURE AND/OR SCHOLARSHIP

The student requesting an extension is required to complete sections 1-3 and 6.

The Principal Supervisor is required to complete section 4.

The Associate Dean of Research (ADR) is required to complete section 5.

If you are an **International student**, please discuss the impact of an extension of candidature on your visa eligibility with the Student Admin Office prior to lodging this form.

If you are currently a **scholarship recipient**, please note that in some cases the extension of time will be granted, but the scholarship funds may not be available to continue payments.

If you have any questions regarding completion of this form, please contact the Research Office via email to hdr@nd.edu.au

1. STUDENT DETAILS

Student Name		Student ID Number	
School			
Faculty		Campus	
Program/Course			
Primary Supervisor			
Co-supervisor/s			
Do you currently receive a scholarship?	YES	NO	
If so, which scholarship are you receiving?			

2. STUDY DETAILS

Title of Research Thesis (may be a working title)	
When did you commence your program?	
When did you achieve Confirmation of Candidature?	
Have you achieved satisfactory progress throughout?	
Have you previously taken any leave?	

3. REQUEST TO EXTEND HDR CANDIDATURE AND/OR SCHOLARSHIP

- Please note that the standard duration for Doctoral degrees is 3 years full time equivalent, a Masters by Research is 2 years, and a Master of Philosophy is 1.5 years.
- A maximum of 4 years full-time equivalent for Doctoral degree and 2 years full-time equivalent for Masters is permitted under the current government RTP scholarship support for fee offset.
- Candidature extensions will be considered for one semester/6 months at a time.
- RTP Stipend Scholarship extensions are normally supported for 6 months only after standard duration.

3.1 Details of request

I am applying to extend my: <i>(tick all that apply)</i>	<input type="checkbox"/> Candidature <input type="checkbox"/> Scholarship
Scholarship name <i>(if applicable)</i>	
Current end date/semester	
Proposed end date/semester	

3.2 Reason for Extension

Please provide justification in support of the extension request. You must demonstrate why the university should support the extension request by addressing the following:

- What research-related problems delayed thesis submission?
- Outline any other issues that impacted research progress (if you are not comfortable to report private/confidential matters via this form, please contact the Research Office to book an appointment to consult with the HDR Coordinator).
- Were research activities and progress impacted by COVID-19?
- Outline the research progress made to date (including, data collection and analysis) and final writing of the thesis.
- Plans/interventions to submit the thesis within the new extension timeframe.
- Provide a detailed timeline to completion in section 3.3, including a summary of work completed and remaining work to be done.

Please submit any additional information or supporting documentation with this form to hdr@nd.edu.au

[illegible]

3.2 Reason for extension (continued)

3.3 Detailed Revised Timeline to Completion

If there is not sufficient space on this form, please attach an additional document to your application email.

TASK	DUE DATE

4. SUPERVISOR TO COMPLETE

Supervisor's Name			
School			
SUPERVISOR STATEMENT: Having read the candidature extension application (above) I can confirm the student's satisfactory progress toward completion, and that the above timeline is achievable. I am satisfied that the reasons for requesting an extension are genuine and necessary.		YES	
		NO	
I have discussed the issue with the student's co-supervisors	YES NO N/A		
Please provide additional comments or details regarding the specific issues with this project:			
SUPERVISOR'S SIGNATURE			
DATE			

5. ASSOCIATE DEAN OF RESEARCH

ADR Name			
ADR Comments			
ADR Signature		Date	

6. STUDENT DECLARATION

I declare that all the information submitted is true and complete.

Student Name			
Student Signature		Date	

On completion of this form, please submit this and any supporting documentation to hdr@nd.edu.au

OFFICE USE ONLY

PVCR (or Delegate) Signature:

Date: